

FAX COVER SHEET

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Re: App. No. 09/699,495; Docket No.: 112233Con-2

Cover Message:

Please find attached a response AF in the
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Respectfully submitted,

The Law Office of Thomas M. Isaacson

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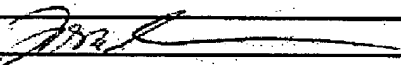
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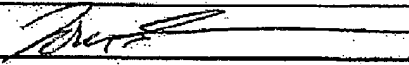
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| | | |
|--|------------------------|-------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/699,495 |
| | Filing Date | 10/31/2000 |
| | First Named Inventor | Allen Gorin |
| | Art Unit | 2645 |
| | Examiner Name | Joseph Phan |
| Total Number of Pages in This Submission | Attorney Docket Number | 112233Cón-2 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Authorization to Act in Representative Capacity Form |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Thomas M. Isaacson, Reg. No. 44166 |
| Signature |  |
| Date | July 7, 2005 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | Thomas M. Isaacson | | |
| Signature |  | Date | July 7, 2005 |

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